	2 (REV. 9	EXPENSE CLAIM 9/2007)			Stater	nent On	s and *Pri Reverse S	Side			Page	of	Pac	jes	
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT			
Joan M. Borucki											California State Lottery				
POSITION CB/ID No.								BUREAU	32 3211				INDEX NUMBER		
Director E99							Executive						1100	ANALISA CHADAN	
RESIDENCE ADDRESS .								HEADQUARTERS ADDRESS 600 North 10th Street					TELEPHO (0.1.C) 2		
CITY STATE ZIP CODE								1 1011 51	reet	196	STATE		(916) 323-0403 ZIP CODE		
S.ME All GODE								CITY Sacramento					95811		
								(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIR			
0.000				(9)	(40)		TRANSPORTA		0	(44)	(40)				
07/09		(6) LOCATION	"	(8)	MEALS			(10) TRANSPOR					(11)	(12)	
5)	TIME	WHERE EXPENSES - WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO OR DINNER	D. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY	
7/07	1130	Sacramento - San Francisco	189.54			18.0				PARKING	MILES	0.00		207.5	
7/08	1100	San Francisco - Sacramento		6.00	٠,							0.00		6.0	
												0.00		0.0	
									-			0.00		0.0	
												0.00		0.0	
												0.00		0.0	
					545, 124							0.00		0.0	
												0.00		0.0	
												0.00		0.0	
										=					
				8		\$ 500 A 1 1 1 1 1 1						0.00		0.0	
			-									0.00		0.0	
3)		SUBTOTALS					2					0.00		0.0	
COL		CODE (ACCTG. USE ONLY)	189.54	6.00	0.00	18.00	0.00	0.00	NUMBER OF	0.00	0.00	0.00	0.00	213.5	
		CLAIM TOTAL		STATE OF THE PARTY				MARTHERSTEIN	- SERVICE CONTROL	BUTCHE BUTCHER				\$213.5	
4) PUI	RPOSE C	F TRIP, REMARKS AND DETAILS (AIT	ach receipts/vo	ouchers when	required)						80	ENCYACO	CHEMINO	OFFICE	
		ue Baseball Educational E									AC		E ONLY	OFFICE	
•		n e ministra de la compania de la c			w-12775500F						PAID B	Y REVOLVIN	G FUND CHE	CK NUMB	
5)	I HERER	Y CERTIFY That the above is a true s	tatement of the	travel evec	ses incured	hy me in a	ccordanes with	DPA rulos	in the se-	vice of the State	of California	la Kartu	oh over d	blole	
	SAM Sec	tions 0750, 0751, 0752, 0753 and 0754	rate, I certify to	hat the cost o ehicle safety	f operating the	usage.	as equal to or	greater than	the rate	claimed, and that	I have me	at the requirer	nents as pres	cribed by	
				.S TORE O	OI FIDER F		13 HAVEL AND	PAYMENT DATE							
<u>Q</u>	CIAL C	DENCE AUTHODIZATION COMME	7E 1	49		B			-						
n spe	OIAL EX	PENSE AUTHORIZATION - SIGNATUR	ve and TITLE	isee iiem 17	on reverse)							J DA	TE		

(17) SPECI	IAL FXI	PENSE AUTHORIZATION - SIGNATU	RF and TITI ⊏	(See Hem 17	on reversel	B	1970						ATE	
CLAIMANT		Manager Control of the Control of th	,	DATE	2221 0011	(16) 5	SIGNATURE O	F OFFICER A	PPROVI	NG TRAVEL AND	PAYME	NT D	ATE	
us	ed, and	Y CERTIFY That the above is a true so if mileage rates exceed the minimum tions 0750, 0751, 0752, 0753 and 075	rate, I certify t	hat the cost o	of operating the	ne vehicle	accordance wit was equal to o	h DPA rules i r greater than	n the ser the rate	vice of the State of claimed, and that	of Califon I have m	nia. If a priva	itely owned ve ments as pre	ehicle was scribed by
(IF)					17 :									
-	-	nad valet parking		<i>G</i> 2 mc	and the second						PAID B	SY REVOLVIN	IG FUND CHE	ECK NUMBER
		F TRIP, REMARKS AND DETAILS (AF Ue Baseball Educational E									AC		COUNTING SE ONLY	OFFICE
		CLAIM TOTAL			_					191	Ю			\$221.20
COLU	MN C	CODE (ACCTG. USE ONLY)												
(13)	5	SUBTOTALS	125.47	6.00	0.00	18.0	00 6.00	0.00		44.00	39.50	21.73	0.00	221.20
							1000 100					0.00		0.00
												0.00		0.00
				N								0.00		0.00
						2 8						0.00		0.00
		-										0.00	-	0.00
												0.00		0.00
		Market Control of the										***********		
								7				0.00		0.00
							-					0.00		0.00
												0.00		0.00
												0.00		0.00
07/17	200	Burbank - Sacramento		6.00			6.00			9.00	29.00	15.95		36.95
	200	Sacramento - Burbank	125.47			18.0				35.00	10.50	Ψ.		184.25
(5)	IME	WHERE EXPENSES - WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/I N/C, REL OR DINNER	O. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVAT	(D) TE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE: FOR DAY
(4) MONTH/Y 07/09		(6) LOCATION	(7)	(8)	MEALS	r_	(9)	(10) TRANSPORT.			TION		(11)	(12)
0800-1	700	KK HOURS					(2) PRIVATE V	EHICLE LICE	NSE NU	MBER	0.55	EAGE RATE	CLAIMED	
(1) NORMA		2410100					Sacramer					CA	9581	1
CITY STATE ZIP CODE								10th St	reet	STATE			916) 323-0403 ZIP CODE	
RESIDENCE ADDRESS *							HEADQUART						TELEPHONE NUMBER	
Director E99							Executive			1100			WIDER	
Joan M. Borucki POSITION CB/ID No.								BUREAU		Calif	California State Lottery			
CLAIMANT'S NAME							SSN or EMPI	OYEE NUME	BER*		RTMENT			
CLAIMANT	TO NIAR	4E						0)/55						

TRA	VEL 32 (REV.	EXPENSE CLAIM 9/2007)	NNEL AUMINI	STRATION			ns and *Pr				D			Weng	
CLAIMANT'S NAME						SSN or EMP	LOYEE NUM	BER*		Page	RTMENT	Pa	ges		
Transmission and the second	THE PARTY OF THE PARTY.	orucki									Calif	ornia St	ate Lotter	У	
POSITION CB/ID No.							DIVISION or				INDEX NU				
Director E99 RESIDENCE ADDRESS •							Executiv				1100				
								h 10th St						TELEPHONE NUMBER (916) 323-0403	
CITY STATE ZIP CODE								ii Tour Bi	icci		STATE		23-0403 CODE		
							Sacramei	ıto				CA	9581	1	
	MAL WC -1700	RK HOURS					(2) PRIVATE \	EHICLE LIC	ENSE NU	IMBER		EAGE RAT	E CLAIMED		
(4) MON		(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	0.55	0	1 (44)	(40)	
07.	/09	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	(0)	T	О.Т., Ц	2000	(A)	(B)	TRANSPORTA	TION	(D)	(11)	(12)	
(5) DATE	TIME			BREAK- FAST	LUNCH	N/C, REI OR DINNE	O. INCIDEN-	COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
07/23	0600	Sacramento - Providence, RI	202.27	6.00	10.00	18.0	00		pc		29.00	15.95		252.22	
07/24			202.27	6.00	10.00	18.0	00 6.00					0.00	11.72	253.99	
07/25			202.27	6.00	10.00	18.6	00 6.00					0.00		242.27	
07/26		Providence, RI - Tampa, FL	116.48	6.00	10.00	18.0	6.00					0.00		156.48	
07/27			116.48	6.00	10.00	18.0	00 6.00					0.00		156.48	
07/28	1400	Tampa, FL - Sacramento		6.00	10.00		6.00		pc	54.00	10.50	5.78		81.78	
												0.00		0.00	
												0.00		0.00	
		8										0.00		0.00	
												0.00		0.00	
								¥				0.00		0.00	
440)								2.00				0.00		0.00	
(13)		SUBTOTALS	839.77	36.00	60.00	90.0	30.00	0.00		54.00	39.50	21.73	11.72	1,143.22	
COL	UMN (CODE (ACCTG. USE ONLY)							des eres	al resided	ST. OF L				
		CLAIM TOTAL	4 (6)									A. A. COVID		\$1,143.22	
		OF TRIP, REMARKS AND DETAILS (Att									AG	ENCY AC	COUNTING	OFFICE	
Meeti Busin	ng at o	GTECH Headquarters in P opense - fee for use of hote	rovidence l internet	and tour	of new i	instant	ticket faci	lity in Ta	mpa.		PAID B		SE ONLY NG FUND CHE	CK NUMBER	
										9					
(15)	HEREB	Y CERTIFY That the above is a true side if mileage rates exceed the minimum	atement of the rate, I certify th	travel expen	ses incurred f operating th	by me in a	accordance will	n DPA rules i	n the ser	vice of the State of	of Californ	ia. If a priva	ately owned ve	hicle was	
		otions 0750, 0751, 0752, 0753 and 0754 NATURE	pertaining to v	ehicle safety	and seat belt	usaye.				NG TRAVEL AND				CHIDEO DY	
E						(10)	INATURE OF	OF FIGER A	"-FKUVII	NO IRAVEL AND	PAYMEN	1 D	ATE		
Sections.	CIAL EX	PENSE AUTHORIZATION - SIGNATUR	LE and TITLE	(See Item 17	on reverse)	(.5)					****	D.	ATE		
B												"			

OF CALIFORNIA

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